

*Thank you for your interest in serving the SLPAB as an Expert Witness.  
Expert Witnesses are licensed speech-language pathologists and audiologists  
who perform case reviews for the Board's Enforcement Program  
and sometimes testify at administrative hearings.  
Expert Witnesses are a vital component of the Board's Enforcement Program  
and greatly assist the Board in fulfilling its legislative mandate  
to protect California consumers from unprofessional or harmful  
speech-language pathology and audiology services*

## **THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD EXPERT WITNESS QUESTIONNAIRE**

This questionnaire is designed to elicit specific information regarding your qualifications to be an Expert Witness for the SLPAB. Please answer the questions below, and in the final question, indicate your area(s) of expertise as evidenced by your education, training, and experience.

1) What is your clientele base:

- Infants..... ☐  
Adolescents..... ☐  
Adults ..... ☐  
Elderly ..... ☐

In what employment setting do you currently provide professional services?

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2) Are you a licensed Hearing Aid Dispenser? ..... ☐

List License Number: \_\_\_\_\_

3) Do you have a thorough understanding of the Speech-Language Pathology and Audiology Board Practice Act and related laws? ..... ☐

4) Describe your current practice and your areas of expertise, include any published materials or recognition awards for professional research/or clinical studies: (use additional paper if needed)

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## SLPAB Expert Witness Application

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I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts will subject me to disqualification.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_